

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. (23) 69

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort Leonard Wood, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DOA, Regional Station Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10
(Specify whether years, months or days)

In this community 5 months, 22 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Tarrant 999

(c) City or town Fort Worth 41
(If outside city or town limits, write "RURAL")

(d) Street No. 1620 West Humbolt 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -- 2

3. (a) PRINT FULL NAME Lillian F. Waters

3. (b) If veteran, name war --

3. (c) Social Security No. Unknown

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife -- **6. (c) Age of husband or wife if alive** -- years

7. Birth date of deceased December 25 1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>37</u>	<u>7</u>	<u>17</u>	<u>--</u> hr. <u>--</u> min.

9. Birthplace Fort Worth Texas
(City, town, or county) (State or foreign country)

10. Usual occupation WAC - U S Army - A-809158

11. Industry or business T/5, WAC Det #1, SCU #1751

MOTHER FATHER

12. Name Eddie H. Bateman

13. Birthplace Texas
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant U. S. Army Records

(b) Address Ft. Leonard Wood, Mo.

17. (a) Removal Removal **(b) Date thereof** 7/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Worth, Texas

18. (a) Signature of funeral director W. E. Haliman

(b) Address Lebanon, Mo.

19. (a) 13 July 1944 **(b) Robert A. Murray**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1944 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased ~~was~~ was dead on admission to hospital, to 12 July, 1944.

that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture, comminuted of the 4th cervical vertebra with compression of the spinal cord.

Duration

Due to _____

Due to _____

Other conditions 170C-8
28
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy AS above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 085

(b) Date of occurrence 12 July 1944 (1:30 am)

(c) Where did injury occur? Ft. Leonard Wood Pulaski Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Artillery Circle & E. 19th St. (auto-ditch)
While at work? No **(Specify type of place)**
(e) Means of injury jeep accident

23. Signature W. E. Haliman, Capt. MC **(M. D. or other)** MD
Address Ft. Leonard Wood, Mo. Date signed 13 July 44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 2
OM-5-43
v. 5-17-39
X38671

MAR 27 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *W.E. Helman*

Licensed Embalmer No. *4107*

P. O. Address *Lebanon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.